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## BIB DATA SHEET

CONFIRMATION NO. 8444

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10/587,194	07/24/2006 RULE	430	1795	58059/N75

**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a 371 of PCT/FR05/00168 01/26/2005

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 FRANCE 0400907 01/30/2004

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 03/30/2007

Foreign Priority claimed 35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWINGS</b> 2	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 1
Verified and Acknowledged	/JONATHAN G JELSMAN/ Examiner's Signature	Initials				

**ADDRESS**  
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**TITLE**  
 Protected pattern mask for reflection lithography in the extreme uv or soft x-ray range

<b>FILING FEE RECEIVED</b> 1260	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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